

**KENTUCKY BOARD OF LICENSURE AND CERTIFICATION
FOR DIETITIANS AND NUTRITIONISTS
P.O. Box 1360
Frankfort, Kentucky 40602**

REINSTATEMENT APPLICATION

Name _____
Street Address _____
City _____ State _____
Zip _____

SSN: _____
License/Certificate #: _____

Your license as a dietitian and/or certificate as a nutritionist expired. In accordance with KRS Chapter 31 and regulations governing this profession, you are required to renew your credential(s) every year with the transmittal of a renewal form and the appropriate renewal fee in check or money order (**DO NOT SEND CASH**) as noted below, made payable to the “**Kentucky State Treasurer**”. The sixty (60) day grace period has expired. **Your license/certification is terminated and must be reinstated with the reinstatement fee of \$50.00 per credential for each year the license and/or certificate was not renewed** plus the reinstatement fee of \$50.00 per credential.

- If you wish reinstatement, please complete this form and return with appropriate fee to the address above.

(Example: if you moved out of state for 2 years and did not renew you Kentucky license/certificate, you will have to pay the renewals for the two previous years plus the current year for a total of three (3) years plus the \$50.00 reinstatement fee. For each credential:

<u>No Years</u>	x	<u>Renewal Fee</u>	+	<u>After December 31 Reinstatement Fee</u>	=	<u>Total Amount Due</u>
[3	x	\$50.00]	+	\$50.00	=	\$200.00
(Fee would be double for dual status)						

Reinstatement Fee Calculation:

	[<u>No Years</u>	x <u>Renewal Fee</u>]	+	<u>After December 31 Reinstatement Fee</u>	=	<u>Total Amount Due</u>
___ Dietitian:	[_____	x \$ 50.00]	+	\$ 50.00	=	_____
___ Nutritionist:	[_____	x \$ 50.00]	+	\$ 50.00	=	_____
___ Dual:	[_____	x \$100.00]	+	\$100.00	=	_____

PLEASE COMPLETE THE FOLLOWING:

1. Note changes in Name and Mailing Address if different from above:

Name: _____

Address: _____ County _____

2. Present Business Name/Address:

3. Home Phone: () _____ Business Phone: () _____
4. E-mail Address: _____
5. Are you a member of the military? N/A _____ Active _____ Reserve _____ National Guard _____
6. Have you been convicted of a felony since your last application or renewal? () Yes () No.
If yes, list offense and provide details on a separate sheet of paper.
7. Have you been denied licensure and/or certification in another state, or has your credential in any other state been subject to disciplinary action? () Yes () No. If yes, give details on a separate sheet of paper.
8. Pursuant to KAR 201 33:030 Section 1, licensed dietitians and certified nutritionists are required to obtain fifteen (15) hours of board approved continuing education during the period of November 1 to October 31 for each renewal year . Up to fifteen (15) excess hours of continuing education can be carried over from the previous year.
- **Licensed Dietitians and Certified Nutritionists must submit proof of continuing education hours for years renewals were not made.**
- ☐ **Option 1(one): Licensed Dietitians may submit a copy of a current CDR card as proof of CEU.**
- ☐ **Option 2 (two): Submit below as appropriate to document CEUs:**
- **Summary list of continuing education using the Board Continuing Education Submission Form for Audited Renewals**
 - **Certificates of attendance for CDR or Board approved continuing education (check certificate to determine that prior approval is noted)**
 - **Agendas and certificates of attendance for continuing education without CDR or Board approval**
 - **Board Continuing Education Submission Form for Carryover CEUs, as appropriate, with the same documentation as listed. Documentation for greater than 15 hours must be submitted for consideration for carryover CEUs.**

REMINDER: The subject matter of the continuing education submitted for renewal of a Kentucky license or certificate **must** meet the requirements of 201 KAR 33.030 section 2(2). A copy of this regulation is available at <http://bdn.ky.gov>.

Signature: (Required) _____ **Date:** _____
(Sign your name – Do not print or type)

AFFIDAVIT

I do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my license or certification could be subject to disciplinary action by the Kentucky Board of Licensure and Certification for Dietitians and Nutritionists.

Signature: (Required) _____ **Date:** _____
(Sign your name – Do not print or type)